	.1	CAIMS AS FILED - P.	4.55		<u>.</u> .	on on turiner
	(Column 1)					09/03/62/36
	FOR		(Column 2)	SMALL ENTIT		Orus
٠.	BASIC FEE	NUMBER FILED	NUMBER EXTRA	7 (411)	OR OR	OTHER THAN SMALL ENTITI
· *•	TOTAL CLAIMS		LINDEREXTRA	RATE		OWNER ENITH
٠.	(37 CFR 1.16(c))		· ·	T FE		RATE . CO
	INDEPENDENT	minus 20 =		1 5	OR	FE
	(37 CFR 1.16(b))			x s 2 0 =	Oir I	5
	MULTIPLE DOS	minus 1 =	•	Im	OR	x s 50.
	MULTIPLE DEPENDENT CL	AIMPRESENT 137.055		x s 100	1 - 1	
			1.16(d))	+5.180	OR	x s 200
	If the difference in column 1 is less than zero, enter "0" in column 2.			1.3.100	. OR	+ 360
	CLAIMS AS ALLE			TOTAL	7	
	CLAIMS AS AMENDED - PART II			, —	OR	TOTAL
	1 11/					
	1	lumn 1) (Co	lumn 2). (Column 3)		•	
	THINAL REN	MAINING HIGH	HEST	SMALL ENTITY	OR	OTHER THAN
	23 00 REN	FTER NUA	MBER PRESENT	1	ے . ر	SMALL ENTITY
	Z Total AMEN	PAID	OUSLY EXTRA	RATE ADDI-	$I \cap I$	
٠.	Total AMEN Total SI COR LIGHT	Minus O	2	TIONAL	1 1	RATE ADD
	U (31 CFR 1.16(b))	Minus ···		x s 25 =	+  -	TION
- 1	Z COOL				OR X	50
- 1	PRESENTATION OF	MULTIPLE DEPENDENT CLAIM		x s_100_	1	20Q
- 1		COM	(37 CFR 1.16(d))	+ s [80=	OR XS	44
- 1	·	<i>4</i> →		TOTAL	OR +5	3/2)
Ŀŀ	(Colum	IG 1)	•	ADD L FEE	101	AL
- [	CLAI	MS (Colum	ma 2) (Column 3)		OR ADD	PL FEE
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	O DI CER LIEGH	Minus		TIONAL	l R	ATE ADDI
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	2	1	1 = 1		OR X 5	D. ""
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← FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  ← \$ 180 = OR X  CR					OR X S 2	
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MENT	REMAINI	NG HIGHEST				
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Z	DI CHR L'IEGEII	Minus	= -		OR x 5 5C	F€€
$ \angle $	FIRST PRESENTATION OF	You	x	s 100		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d))  **S 100  OR **S 200  THE ST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d))  **S 100  OR **S 200  THE ST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d))						
13100=						
ADD'T FEE						
If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".  The "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "30".  This collection of information is reviewed for Total or Independently is the highest.						
The Highest Number Previously Paid For INTHIS SPACE is less than 20, enter 20.  This collection of information is required by 37 CFP 1. (SPEC) to the highest number found in the highest number found						
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The Highest Number Previously Paid For INTHIS SPACE is less than 3, enter 13.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS